

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107069954

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1		51						
2			1		1		52						
3				2		2	53						
4				2			54						
5			1		1		55						
6			1		1		56						
7				2		2	57						
8				2			58						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	4	↓	4	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	8	←	4	←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			12		8		TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS